



City of Petal Building Department

101 West Eighth Avenue
P. O. Box 564, Petal, MS 39465
Office: (601) 544-6048
Email: building@cityofpetal.com

Instructions For Applying For A Permit

**NO WORK IS ALLOWED UNTIL A PERMIT IS ISSUED
AND DISPLAYED.**

GENERAL GUIDELINES

1. You must submit your State of Mississippi State Board of Contractor's license with your application.
2. Payment is due when you pick up your permit.
3. You must submit your Contractor Verification form and all subcontractors must sign the form including electrical, mechanical, plumbing, sprinkler, fire or hood. Sub-contractors for electrical, mechanical and plumbing **MUST BE LICENSED IN THE CITY OF PETAL OR OBTAIN A LICENSE IN THE CITY OF PETAL.**
4. All projects should meet the minimum setback and buffer requirements as set forth by the City of Petal in the Official Zoning Ordinance. It is the contractor/owner's responsibility to verify the setbacks. The City of Petal does not enforce additional covenants on properties in subdivisions.
5. You must submit two (2) sets of plans if new construction or significant changes are made. PLEASE REFER TO "BUILDING PLAN REQUIREMENTS" FOR DETAILS REGARDING PLAN SUBMISSIONS. **A site plan is required along with your plan submission.**
6. Plan reviews may take **up to (14) business days**, depending on the current workload. Please review all information on the "Building Plan Requirements" sheet - A plan review fee is assessed on your initial submission and for each subsequent submission.

If you are mailing your permit applications/plans, please mail to the following addresses:

Fed Ex or UPS: City of Petal Building Department (physical address)
101 W. Eighth Avenue
Petal, MS 39465

Via USPS: City of Petal Building Department
P. O. Box 564
Petal, MS 39465

Tony Ducker
Mayor

Melissa Martin
City Clerk

Rocky Eaton
City Attorney



Alderman/Alderwoman
Drew Brickson
Craig Bullock
Mike Lott
Blake Nobles
Gerald Steele
Craig Stickland
Kim Stringer

CITY OF PETAL BUILDING DEPARTMENT

BUILDING PLAN REQUIREMENTS

Plans are required for the following projects: New buildings, remodel of existing buildings, additions to existing buildings, and other projects where the building department considers it necessary to have plans and/or specifications to determine code compliance. Any project that requires removing, adding or moving walls or doors is considered a remodel. Other projects may require a complete description of the work to be performed to be described on the permit application. For example, if windows are to be replaced, a complete description of the size and type window and the locations within the building. Bedroom windows must be minimum sizes and types. Some windows may have to be tempered glass. Failing to fully describe the scope of work to be performed may result in replacing fixtures, doors, windows, etc., and can result in costly construction delays.

Two sets of plans are required. Plans must be hard copy, full size to scale, meet architectural graphic standards, stapled and bound. Loose sheets will not be reviewed. One-line drawings and other plans that do not meet architectural graphic standards will not be reviewed.

Plans for buildings 5,000 square feet or more (other than houses), including small spaces within a building that is 5,000 square feet or more, must be prepared by a Mississippi licensed architect and stamped, signed and dated by the architect.

Some projects will require **engineered plans** in addition to architectural plans.

Information in the Plans: All plans must include enough information to verify compliance with all codes, including but not limited to building codes, electrical codes and ADA codes.

The minimum information for a typical single-family residential project must include at least a dimensioned floor plan, exterior elevations, roof plan, electrical plan. Other information may be required for non-typical projects.

Plans for buildings other than light wood frame construction and plans for buildings more than two stories in height must include engineered structural plans.

Some projects will require more information. Plans, other than house plans, must include sufficient enlarged plans and details to verify compliance with ADA.

Some projects will require **engineered plans** in addition to architectural plans.



City of Petal Building Department

Application for Building Permit

101 West Eighth Avenue
P. O. Box 564, Petal, MS 39465
Office: (601) 544-6048

Application is hereby made for a building permit to accomplish the work as herein described in accordance with plans and/or specifications submitted herewith. It is agreed that all corrections in plans and/or specifications necessary for compliance shall be observed and all pertinent laws and ordinances of the City of Petal regulating construction shall be complied with in the pursuit of this work whether or not specified herein.

Date: _____ Is owner applicant? y/n _____ Zoning Approval? y/n _____

Property Information

Street Address: _____ Apt: _____ Zip: _____ Parcel No: _____

Subdivision: _____ Lot #: _____ Parcel Type: Residential _____ Commercial _____

Owner Information

Name: _____ Phone #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Contractor Information

Name: _____ Phone #: _____ License #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Architect/Engineer Information

Name: _____ Phone #: _____ License #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Building Information

Improvement Type: (Please Circle)

New Construction Addition Alteration Repair Demolition Change of Use

Proposed Use: (Please Circle)

Assembly Business Educational Factory Institutional Residential Storage Other

No. of Stories: _____ Building Area: _____ No. of Bedrooms: _____ No. of Bathrooms: _____
(include heated & unheated)

Is this application for a detached, residential accessory building? Yes _____ No _____

Is the accessory building greater than 120 square feet? Yes _____ No _____

Cost of Construction: \$ _____ Property Zoning: _____

Description of Project: _____

**Flood Plain Elevation
(MUST BE COMPLETED)**

Flood Map Number & Date: _____ Lowest Floor Elevation: _____

Flood Zone: _____ Base Flood Elevation: _____

Certification

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable city ordinances, codes and state laws. In addition, if a permit for work described in this application is issued, I certify that the code official or the code officials authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Applicant Phone No. Date

Responsible person in charge of work, Title Phone No. Date

Approved By Date



City of Petal Building Department Building Permit Acknowledgement

101 West Eighth Avenue
P. O. Box 564, Petal, MS 39465
Office: (601) 544-6048

Owner Name: _____

Project Address: _____

Contractor: _____

Email Address: _____

I, _____, do hereby acknowledge that:
Print Owner's/Contractor's Name (Responsible Party)

	Initial
1. I am the Contractor Owner Other/Specify:	
2. The field copy of the plans must be on site at all times.	
3. The Contractor or a representative will be on site for all inspections.	
4. ALL construction sites require the following: Construction entrance, port-o-john, on site dumpster and erosion control measures. A hard surface driveway is required for all new construction. New construction must be constructed 12" above the crown of the road.	
5. Twenty-four hour notice (MINIMUM) is required for all inspections. You must contact Mr. Craig Farve (769) 250-0958 for all inspections.	
6. The Building cannot be used or occupied until all finals have been completed and a Certificate of Occupancy has been issued.	
7. No licensed Contractor will allow an un-licensed Contractor to work.	
8. When changing a contractor or sub-contractor, an affidavit from the new Contractor must be submitted prior to the change.	
9. Any changes to the approved site plan or building plans must be resubmitted to the City for approval prior to construction.	
10. I understand that if an electrical inspection reveals that repairs need to be done before electrical service can be restored, I must retain a Licensed Electrician at my own expense and a re-inspection fee may be applied.	
11. I understand that I am responsible to remove any dirt, mud, construction material or other debris deposited upon public right of way or private property as a result of construction and/or demolition. This shall be performed daily and as needed.	
12. I acknowledge that it is my responsibility to make sure all required inspections are completed by the City before covering up any work and understand that if I fail to do so, I will be required to remove any dirt, concrete, insulation, sheetrock or any other materials that may conceal construction components that will need to be inspected.	

I do hereby accept full personal responsibility for all of the above and understand that a violation of any of the above may result in fines or imprisonment of not more than 90 days per offense, construction delays and possible loss of license.

Signature

Date

Print Name

Company Name



City of Petal Building Department Contractor Verification

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The below signed licensed contractors do hereby certify that they are the contractor on record on project/owner's name _____

Located at project address _____

**CONTRACTOR SIGNATURE VERIFIES HE IS ACCEPTING RESPONSIBILITY FOR
THE ABOVE SPECIFIED JOB**

GENERAL CONTRACTOR'S SIGNATURE: _____

ELECTRICAL

ELECTRICAL CONTRACTOR'S SIGNATURE: _____

Please print the following information:

Company Name: _____

Name & Title of person signing above: _____

Address of Company: _____

Phone Number: _____

PLUMBING

PLUMBING CONTRACTOR'S SIGNATURE: _____

Please print the following information:

Company Name: _____

Name & Title of person signing above: _____

Address of Company: _____

Phone Number: _____

MECHANICAL

MECHANICAL CONTRACTOR'S SIGNATURE: _____

Please print the following information:

Company Name: _____

Name & Title of person signing above: _____

Address of Company: _____

Phone Number: _____

SPRINKLER SYSTEMS

SPRINKLER CONTRACTOR'S SIGNATURE: _____

Please print the following information:

Company Name: _____

Name & Title of person signing above: _____

Address of Company: _____

Phone Number: _____

HOOD SYSTEMS

HOOD CONTRACTOR'S SIGNATURE: _____

Please print the following information:

Company Name: _____

Name & Title of person signing above: _____

Address of Company: _____

Phone Number: _____